

MDR Tracking Number: M5-04-3331-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 06-01-04. Date of service 05-30-03 was untimely filed per Rule 133.308(e)(1) and will not be reviewed by the Medical Review Division.

The IRO reviewed therapeutic exercises, ultrasound, hot/cold packs, office visit, office visits with manipulations, electrical stimulation-unattended, chiropractic manipulative treatment and manual therapy rendered from 06-04-03 through 10-08-03 that were denied based "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 07-16-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 98940 on date of service 10-24-03 denied G-procedure mutually exclusive to another procedure on the same date of service. This service is not global to any other service billed on the same date according to Medicare's National Correct Coding Initiative (NCCI). CPT code 97140 on dates of service 11-10-03 and 11-17-03 denied G-procedure mutually exclusive to another procedure on the same date of service. These services are global to CPT code 98940, however, separate payment for the service billed may be considered justifiable if a modifier is used appropriately according to Medicare's National Correct Coding Initiative (NCCI). Reimbursement is recommended in the amount of **\$91.94** (\$30.14 for CPT code 98940 and \$30.90 X 2 for CPT code 97140).

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 10-24-03 through 11-17-03 in this dispute.

This Findings and Decision and Order are hereby issued this 3rd day of September 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO Decision



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NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 31, 2004

AMENDED DECISION

Requester/ Respondent Address : Rosalinda Lopez
TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:

MDR Tracking #: M5-04-3331-01
IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Physical Medicine/Chiropractic reviewer (who is board certified in physical medicine) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Records from Carrier:

- Letter from Virginia Cullipher, R.N., Clinical Review Specialist
- Review by Gary D. Martin, D.C.
- Review by George Sage, D.C.
- Electrodiagnostic studies, April 2003
- Notes by Scott Walker, D.C.
- Notes by Charles Breckinridge, M.D.

- Notes from Neuromuscular Institute of Texas-Corpus Christi
- CXR-June 2003
- Operative note, 6/26/03
- Operative note, 9/17/03

Records from Provider:

- Notes from Scott Walker, D.C.
- Notes from Neuromuscular Institute of Texas-Corpus Christi
- Notes from Charles Breckenridge, M.D.
- Operative note, 6/26/03
- Electrodiagnostic studies, April 2003

Clinical History

This patient is now approximately 52 years of age. Height and weight was not found. She has a date of injury of ____ with apparently a repetitive motion problem to the hands, wrists, forearms and shoulders. Shoulders have been treated in the past with reported 1/18/01 right shoulder and neck injury, 1/28/02 left shoulder injury, 1/20/03 left pinky and right hip injury. She was treated for her shoulder problems also by Dr. Breckenridge. The patient did have NCV studies and EMG testing on 4/27/03 and these were normal. She continued to have significant complaints of numbness and tingling into the bilateral hands and wrists, as well as weakness in the wrists bilaterally. She is evaluated on 5/29/03 by Dr. Breckenridge, orthopedic surgeon, regarding her bilateral hands. He states that there is evidence of borderline carpal tunnel syndrome on the right. On review of this test, the value of the motor median fell within normal limits but right at the cutoff, however, sensory was normal. On this note she feels that her symptoms are worsening. She does have a past medical history of left and right shoulder arthroscopic surgery. Hand examinations reveal the mild thenar muscle atrophy and the grip strength was weak bilaterally. On clinical examination she was positive for carpal tunnel testing. She has had symptomatology since 1995 reported in this note, but has been treated conservatively with anti-inflammatory medications, activity avoidance and gauntlet splinting, but her symptoms are worsening. On 5/30/03, she is continuing to treat with Scott Walker, D.C. for what appears to be her carpal tunnel syndrome. In his note on 5/30/03 he recommends that she proceed with her carpal tunnel release surgery. In the meantime, however, he is going to continue treating her with passive modalities. I feel this is not appropriate. Once surgery has been determined, conservative measures have failed. At that point the patient should and is a surgical candidate. No further modalities of conservative care should be rendered. Therefore, after 5/30/03 note continued modality of conservative care with Scott Walker, chiropractor, is not justified. The patient then undergoes on the left side first carpal tunnel release by Dr. Breckenridge on 6/26/03. She then goes back into conservative care treatment with Dr. Walker. Treatment lists interferential stimulation, ultrasound, heat, soft tissue mobilization and desensitization, stretches, exercises and then to increase to active range of motion and strengthening. Billing sheets and notes reviewed, there are approximately 23 charge dates on the itemized billing sheet for treatment following her left carpal tunnel surgery beginning 7/7/03. Services were provided prior to this but, as above, should not be and are not medically necessary. Approximately 20 conservative care sessions are rendered for the left carpal tunnel surgery that was performed on 6/26/03. Physician note by Dr. Breckenridge on 7/17/03 states the patient is improving from her

left carpal tunnel release and completing early range of motion exercises. She continues in the conservative care and then on 9/17/03 she undergoes a right carpal tunnel release. On 9/29/03, the patient goes back to Dr. Walker and begins therapy for right carpal tunnel surgery. The last note for this is dated 10/29/03 for ongoing treatment sessions. On billing review for dates of service, multiple modalities as well as office visits have been charged from 6/4/03-10/8/03 for this conservative care. On Dr. Breckenridge's note of 9/25/03 following her right carpal tunnel release, his plan is that of gradually increasing her activities and he states, "She was given a gauntlet splint today to utilize at night. She was considered temporarily disabled from her usual and customary work. She was to be seen back clinically in follow-up in six weeks. At that point he planned to gradually increase her activity." There was no physical therapy treatment planned in this note by this surgeon. As of Dr. Breckenridge's follow-up on 7/17/03 following her left carpal tunnel release, there is no physical therapy plan ordered or written in this follow-up note either.

Requested Service(s)

Therapeutic exercises (97110), ultrasound (97035), hot/cold packs (97010), office visit (99213, 99212), office visits with manipulations (992313-MP) and ultrasound (97035), electrical stimulation, unattended (97014, G0283), manual therapy and chiropractic manipulative treatment for dates of service for review are from 6/4/03-10/8/03.

Decision

I agree with the insurance carrier that the requested services are not medically necessary.

Rationale/Basis for Decision

Standard of medical care for treatment post carpal tunnel release would be evaluation by an occupational therapist to instruct the patient in range of motion strengthening exercises. These follow-up visits with the occupational therapist would be approximately every two weeks for a total of 6-8 sessions to make sure the patient was appropriately performing her exercises and then to progress to strengthening exercises that the patient would be performing on a home basis. Modality care while in carpal tunnel release in the form of manipulations, ultrasound, electrical stimulation, and hot/cold packs, manual therapy and chiropractic manipulative therapy are not the standard of medical care for treatment of a post surgical carpal tunnel release. Multiple modalities have been charged on each visit. All of the literature in the fields of physical medicine and rehabilitation, chiropractic literature, osteopathic literature, and physical therapy literature show that modality treatment beyond three offer little to no additional medical benefit to the patient. US Guidelines by the Health and Human Services Department also recommend only three modalities per session of conservative care. Conservative care, however, as above that has been performed on this patient is not standard of care for rehabilitation following a carpal tunnel release. If Dr. Walker is going to follow the patient status post carpal tunnel release, then treatment should be with the patient being seen every 2-3 weeks for a total of 6-8 sessions for instruction in range of motion and strengthening exercises to be done in a home program only. It is usual and customary that when modalities are billed, then office charge is not billed as a separate entity, as this is considered part of the modality fee in treatment rendered. Notes that are present by Dr. Walker on the dates of service are one page note with fill in blanks offering little medical information as to this patient's response to treatment. It is my opinion all

conservative modalities should be denied from 5/30/03-10/29/03 which is the notes that I have seen and future conservative modalities as not standard of care for rehabilitation of a carpal tunnel release patient. Approval would be for rehabilitation exercise instruction at a maximum of eight sessions per each surgery at approximately every two weeks follow-up for instruction and to make sure the patient is progressing with her exercise and active range of motion rehabilitation program at home. This would be standard of care following carpal tunnel release for rehabilitation of the active range of motion and strength of the wrist. All other and sundry charges should not be reimbursable, are not medically necessary and are not standard of care.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this __31st__ day of __August__ 2004.

Signature of IRO Employee:

Printed Name of IRO Employee: Debbie Raine